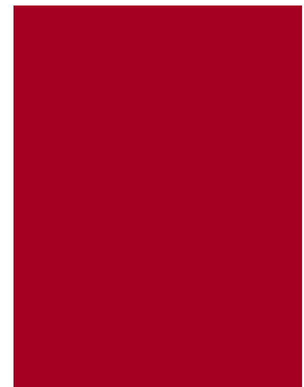
*learning to work together, working to learn together*
*apprendre à collaborer, collaborer pour apprendre*

# *Canadian Interprofessional Health Collaborative*

Activities, outputs and impacts evaluation

## EVALUATION REPORT 2008–2009



The Canadian Interprofessional Health Collaborative (CIHC) promotes collaboration in health and education. We are a group of educators, policymakers, researchers, health providers, students and citizens from across Canada who believe interprofessional education and collaborative patient-centred practice are key to building effective health care teams and improving the experience and outcomes of patients. The CIHC identifies and shares leading practices and its extensive and growing knowledge in interprofessional education and collaborative practice.

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The views expressed here do not necessarily represent the views of Health Canada.

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CIP data will be made available

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# Summary

The Canadian Interprofessional Health Collaborative (CIHC) began in 2006 as a two-year Health Canada funded initiative aimed at building a national collaborative of partners to advance the field and implementation of Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). Due to its success in its two years of operation, Health Canada provided an additional year of funding. An evaluation was commissioned to complete an annual assessment of the activities, outputs and impacts of the CIHC. The first two evaluation reports were completed in April 2007[1] and July 2008.[2] This report provides the findings from the third phase of the evaluation.

## METHODS

In January 2009, CIHC members were invited to complete an electronic survey (e-survey) to elicit their perspectives about the CIHC. Follow-up telephone interviews were conducted in February and March 2009 with a purposeful sample (to ensure representation from different provinces, organizations, professions and CIHC roles) of members to gain a more in-depth understanding of their perceptions and experiences of the CIHC.

## KEY FINDINGS

- Two hundred and forty-two CIHC members completed the electronic survey (27% response rate) and 20 members participated in follow-up interviews.
- The three sub-committees continue their respective work (e.g. knowledge exchange activities, creation of an e-library, developing an inventory of IECPCP tools and resources, networking activities to support multi-site research, the development of a national interprofessional competency framework). Some respondents expressed interest in being involved in the sub-committees.
- The CIHC website continues to be enhanced and individuals recognize it as a valuable resource. Some felt that they were already familiar with the website and thus did not visit it regularly.
- The e-library has not yet been officially launched but its development is way underway. Respondents viewed it as a valuable resource. However, some thought there might be issues about sharing and ownership of materials.
- The CIHC has sponsored or organized a range of conferences and meetings, with a range of participants which were highly valued by respondents.
- It is succeeding in supporting the development of partnerships locally, provincially and nationally – most of these are in research and education, but increasingly there is development in the contexts of policy and healthcare practice.

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[1] See: http://www.cihc.ca/about/accountability/CIHC_EvalInterimReport_June2007.pdf
[2] See: http://www.cihc.ca/resources-files/CIHC_EvalReport_July08.pdf



cihcpis

- The CIHC is having an impact at various levels, although again, it was perceived that much of the activity had been occurring within education and research contexts.
- The long-term sustainability of the CIHC continues to be a concern for the vast majority of respondents.

## CONCLUSIONS

- The CIHC is growing as an organization and is continuing to meet its project goals.
- It is producing an impressive array of outputs in the areas of research and evaluation, curriculum, and knowledge exchange.
- The CIHC plays a major role in supporting partnerships and the sharing of expertise and resources across the country.
- It is becoming a national, central hub for information sharing and resources in the interprofessional field.
- While the CIHC has made a number of significant gains since its inception attention is required in relation to broaden its membership, develop its partnerships with practitioners and policymakers and address concerns about its long-term viability.

## IMPLICATIONS

- The CIHC is on the verge of making significant steps forward in the areas of the curriculum, research and evaluation, and knowledge exchange. This work needs to continue.
- The CIHC has implemented an impressive number of communications mechanisms through the development of its website, newsletter and the new e-library. This work should continue, as it plays a key role in sharing knowledge and resources across the Canada.
- Further work is required to explicitly outline how practice and policy areas will be addressed and incorporated into the mainstream of the CIHC.
- Additional effort is required to ensure broader representation on the steering committee and sub-committees.
- While the CIHC has been effective in its communications (e.g. website, workshops), further attention is needed to highlight CIHC objectives and activities. A strategy highlighting the activities and resources that are relevant to each of its partner groups would be valuable.
- The long-term viability of the CIHC remains unclear. Further work is needed to address this major issue.

# Sommaire

Le consortium pour l'interprofessionnalisme en santé (CPIS) a débuté en 2006 en tant qu'initiative de deux ans financée par Santé Canada avec pour objectif la mise en place d'un consortium national de partenaires voués à la promotion, en tant que champ de savoir et de formation, de la formation interprofessionnelle pour une pratique en collaboration centrée sur le patient (FIPCCP). Le succès de ces deux années a conduit Santé Canada à ajouter une troisième année de financement. Une évaluation des activités annuelles du CPIS, des résultats obtenus et des impacts a été commandée et deux rapports ont déjà été émis, l'un en avril 2007[3] et le second en juillet 2008.[4] Le présent rapport décrit les résultats de la troisième phase d'évaluation.

## MÉTHODES

En janvier 2009, les membres du CPIS ont été invités à répondre à deux sondages électroniques en ligne afin d'exprimer leurs divers points de vue concernant le CPIS. Un suivi téléphonique fut mené en février et mars 2009 sur un échantillon significatif des membres du CPIS (visant à inclure les différentes provinces, les divers organismes, professions et rôles représentés au sein du CPIS) afin d'approfondir leurs perceptions et expériences au sein du CPIS.

## PRINCIPAUX RÉSULTATS

- Deux cent quarante-deux membres du CPIS ont rempli le questionnaire en ligne (taux de réponse de 27%) et 20 membres ont participé aux entrevues de suivi.
- Les trois sous-comités poursuivent leurs activités respectives (activités d'échange de savoir, mise sur pied d'un centre de documentation en ligne, inventaire des outils et ressources liées à la formation interprofessionnelle (FIPCCP), activités de mise en réseau permettant de faire de la recherche en collaboration distribuée dans plusieurs centres, encadrement national des compétences en matière d'interprofessionnalisme). Certains répondants se sont dits intéressés à participer aux sous-comités.
- Le site Internet du CPIS est en constante amélioration et est apprécié comme ressource importante bien que certains, croyant bien le connaître, aient cessé de le consulter à intervalles réguliers.
- Le centre de documentation en ligne n'a pas encore été officiellement lancé mais sa préparation est très avancée. Les répondants dirent y voir une ressource importante mais certains affirmèrent redouter certains problèmes concernant la propriété intellectuelle des documents et leur diffusion.
- Le CPIS a commandité ou organisé plusieurs conférences et rencontres qui ont rejoint tout un éventail de participants et les répondants en ont exprimé leur grande appréciation.

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[3] See: http://www.cihc.ca/about/accountability/CIHC_EvalInterimReport_June2007.pdf
[4] See: http://www.cihc.ca/resources-files/CIHC_EvalReport_July08.pdf

- Le CPIS appuie avec succès la mise en place à l'échelle locale, provinciale et nationale de partenariats dont la majorité portent sur la recherche et l'éducation avec une proportion croissante de projets portant sur les politiques et la pratique dans le secteur des soins de santé.
- Le CPIS a un impact à différents niveaux bien que, répétons-le, la perception dominante était qu'une grande partie des activités du consortium avait porté sur des questions d'éducation et de recherche.
- La viabilité du CPIS à long terme reste un sujet de préoccupation pour la grande majorité des répondants.

## CONCLUSIONS

- Le CPIS est en train de se développer en tant qu'organisation et continue à atteindre les buts visés par ses différents projets.
- Le consortium produit un éventail impressionnant de résultats dans le domaine de la recherche et de l'évaluation, des programmes de formation et de l'échange de savoir.
- Le CPIS joue un rôle majeur en matière d'aide aux partenariats et de partage d'expertise et de ressources partout au pays.
- Le consortium est en train de devenir une plaque tournante nationale pour le partage d'information et de ressources dans le domaine de l'interprofessionnalisme.
- Bien que le CPIS ait réalisé des gains sur plusieurs fronts depuis ses débuts, il importe de veiller à en diversifier les membres, de développer des partenariats avec des praticiens et des concepteurs de politiques ainsi que de se pencher sur la question de sa viabilité à long-terme.

## IMPLICATIONS

- Le CPIS va très prochainement franchir des étapes importantes en matière de programmes de formation, de recherche et d'évaluation ainsi que d'échange de savoir. Ce type de travail doit se poursuivre.
- Le CPIS a mis en place un nombre impressionnant de mécanismes de communication grâce au développement de son site web, de son bulletin d'information et du nouveau centre de documentation en ligne. Ce type de travaux doit se poursuivre étant donné le rôle important qu'ils jouent en matière d'échange de savoir et de ressources dans l'ensemble du Canada.
- Des travaux supplémentaires sont requis pour pouvoir expliciter la manière dont on traitera des questions reliées à la pratique et aux politiques et dont on les incorporera aux principaux domaines d'activité du CPIS.
- Un effort supplémentaire est requis pour s'assurer d'une représentation plus vaste parmi les membres du comité d'orientation et des divers sous-comités.
- Bien que le CPIS ait été efficace au niveau des communications (par exemple avec son site web et ses ateliers) un soin plus grand devra être porté à la présentation sommaire des objectifs et activités du CPIS. Il serait utile de disposer d'une stratégie visant à

mettre en relief les activités et ressources pertinentes pour chacun des groupes partenaires.

- La viabilité à long terme du CPIS reste encore à déterminer et d'autres travaux devront porter sur ce point important.

# Introduction

The Canadian Interprofessional Health Collaborative (CIHC) was initiated in 2006, with Health Canada funding, to promote a collective and coordinated national approach to advancing the field of interprofessional education for collaborative patient-centred practice (IECPCP). The CIHC developed three key objectives: building the collaborative; best practice identification and sharing; and knowledge translation, with the ultimate intention of effecting positive changes in research, policy, education and health care.

During its first two years of operation, CIHC developed an infrastructure to support its varied activities. This included a Steering Committee and various specialized Sub-Committees, and a membership, including individuals from across Canada. The CIHC strove to include representatives from all of its partner groups and to work towards supporting change in varied settings and contexts. In the past three years the CIHC, through its sub-committees, has undertook a range of activities to advance the field of interprofessional education and collaborative practice, including, meetings and conferences, varying interprofessional resources, a website, newsletters, as well as a new electronic library.

An evaluation was commissioned to examine CIHC activities, outputs and impacts during its first two years of operation. Two previous reports[5,6] have documented an impressive variety of activities, outputs and impacts that CIHC had achieved. These reports have also provided insight into issues and limiting factors that require attention. CIHC's success in its initial two years of operation, and their evolving future directions, resulted in an additional year of funding from Health Canada, for the period 2008-2009. The objectives of CIHC for this latter period were developed based on its development and experiences during its initial years of operation as well as the findings from the evaluation reports. These objectives have included improving representation from the varied stakeholder groups on CIHC committees, further networking with regulatory bodies, professional associations and patient groups and developing a sustainability plan for CIHC.

This report examines the extent to which the CIHC has succeeded in addressing its revised objectives, and in doing so is continuing to build upon its strengths and addressing areas which required further development. The report presents findings from the third year of evaluation work, which has focused on:

- Evaluating the extent to which the CIHC's stated goals have been addressed in the past year.
- Determining the extent to which CIHC's short-term outcomes and impacts have been met.
- Identifying the successes and challenges of the CIHC's work in relation to its key project components (building the CIHC, best practice identification and sharing, knowledge translation).

At this point in time, data from previous phases will also be employed to compare and contrast findings to provide insight into how CIHC has developed in the past three years.

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[5] See: http://www.cihc.ca/about/accountability/CIHC_EvalInterimReport_June2007.pdf
[6] See: http://www.cihc.ca/resources-files/CIHC_EvalReport_July08.pdf

# Methods

The evaluation adopted a mixed-method approach to gather data which would generate broad descriptions of the CIHC's activities, outputs and impacts as well as detailed perceptions.

## SAMPLING

All CIHC members (n=890) were invited to participate in an electronic (e-survey). A purposeful sample of members (n=20) was invited to undertake a follow-up interview. This sample aimed to recruit a broad mix of members in terms of geographic location, profession and organization, and role in CIHC.

## DATA COLLECTION

Data collection involved an e-survey of CIHC members as well as individual telephone qualitative interviews with a small subset of the members to explore their views and experiences in more depth.

## ELECTRONIC SURVEYS

An online e-survey (modified from previous evaluation phases) was employed to generate a broad understanding of members' views and experiences of the CIHC. In January 2009, an email was sent to all CIHC members, providing them with information about the evaluation and inviting them to complete an e-survey. Two follow-up email reminders with the e-survey link were sent as well as a reminder in a CIHC newsletter. Two hundred and forty two CIHC members completed the e-survey during January and February 2009. At the end of the e-survey, respondents were asked to identify if they would be willing to participate in a follow-up telephone interview.

## TELEPHONE INTERVIEWS

Based on the emerging analysis from the e-survey data, a semi-structured interview schedule was developed to elicit a more in-depth understanding of members' perspectives. Twenty telephone interviews were conducted during February and March 2009. The interviews lasted for approximately 30 minutes and were audio recorded and transcribed verbatim.

## ANALYSIS

Descriptive statistics were used to analyze the survey data and to describe quantitatively key aspects of the CIHC's work. A thematic approach was employed to analyze the qualitative data. Both the survey and interview data were triangulated (examined to identify common and discrepant findings) to provide a more comprehensive account of the two data sources.

# ETHICS

Ethical approval for this evaluation was received from the Research Ethics Board at the University of Toronto.

# Findings

This section has been organized into the following areas: (1) participation, (2) organization, (3) communication, (4) engagement with stakeholders and partners, (5) goals and impacts, (6) sustainability and (7) respondent reflections. Data from the e-survey and interviews have been integrated to provide a more accessible evaluation account. In addition, findings from this phase of evaluation are compared with those from 2007 and 2008 to help indicate changes and developments that have occurred in the past three years of the CIHC's work.

## SECTION 1: PARTICIPATION

As noted above, 242 CIHC members completed the e-survey (27% response rate), representing different provinces, organizations, professions, and roles in CIHC. Table 1 provides characteristics of respondents' nature of work, work setting and geographical location.

### Table 1: Survey respondents' demographics

| Respondents | Number |
|---|---|
| *Nature of work* | |
| Research | 96 (40%) |
| Undergraduate education | 80 (33%) |
| Health care services | 74 (31%) |
| Postgraduate education | 57 (24%) |
| Continuing education | 55 (23%) |
| Health care management | 34 (14%) |
| Government policymaking | 16 (7%) |
| Student | 10 (4%) |
| Other (e.g. advocacy, certification, registration) | 47 (19%) |
| *Work setting* | |
| University | 106 (44%) |
| Hospital | 52 (21%) |
| College | 28 (12%) |
| Community health service | 28 (12%) |
| Government | 16 (7%) |
| Professional association | 16 (7%) |
| Other (e.g. private practice, regional health care) | 48 (20%) |
| *Location*[7] | |
| Ontario | 96 (40%) |
| British Columbia | 36 (15%) |
| Quebec | 19 (8%) |
| Manitoba | 15 (6%) |
| Alberta | 14 (6%) |
| Saskatchewan | 14 (6%) |

[7] There were no responses from Nunavut, Northwest Territories, or Prince Edward Island.

| Respondents | Number |
| --- | --- |
| New Brunswick | 13 (5%) |
| Newfoundland & Labrador | 12 (5%) |
| Nova Scotia | 10 (4%) |
| Yukon | 2 (1%) |
| Other (e.g. US, UK, Netherlands) | 11 (4%) |

As the Table 1 indicates, most respondents were engaged in research, education and health care services. Although there were a number of respondents representing healthcare management, government, and students, and those who work in hospitals, colleges, community health services, government, and professional associations. While CIHC is a national collaborative with members from across the country, the highest percentage of respondents was from Ontario, followed by British Columbia.

## *Participation – three year comparison*

The level of participation for this phase of the evaluation where 242 CIHC members completed the e-survey compares well with the other two phases. Participation in the first evaluation in 2007 was 151 members; whereas in 2008, 141 members took part. Over the first three years of operation, the CIHC membership remains largely composed of members based in academic institutions working within the areas of education and research.

# SECTION 2: ORGANIZATION

As described in the previous evaluation reports, CIHC's initial activities focused on establishing its organizational structure, which involved the creation of a steering committee and six sub-committees with members from across Canada, as well as recruiting individuals from across the country to be members of CIHC. In 2008, it was decided to restructure and amalgamate the six sub-committees into three sub-committees – curricula, partnerships & knowledge exchange, and evaluation & research. This section describes the ongoing development, activities, and outputs in relation to the steering committee, sub-committees, the secretariat and membership.

## *Steering committee and sub-committees*

The steering committee and sub-committees have continued to play a central role in leading and guiding the CIHC. Table 2 shows the representation of survey and interview respondents from each of these committees. A small number of members participated in more than one committee.

### Table 2 Participants' roles in CIHC

| CIHC Committee Representation | Survey Respondents | Interviewees |
|---|---|---|
| Steering | 9 (5%) | 6 (30%) |
| Curricula | 8 (5%) | 1 (5%) |
| Partnerships & Knowledge Exchange | 14 (8%) | 3 (15%) |
| Evaluation & Research | 10 (6%) | 5 (25%) |
| Not a committee member | 136 (81%) | 10 (50%) |

Committee members were asked to describe their experiences and their perceptions of their respective committees. Of the 26 e-survey respondents who answered this question, most stated that their experiences continued to be very positive, noting that their individual sub-committees were very active, meeting their objectives and that effective collaboration and information sharing was occurring:

> *"I have to say the work itself was absolutely fantastic and the people I was working with were unbelievable, like unbelievably bright and knowledgeable."(Interviewee 13)*

It was however pointed out that there was not always time for all members to participate in the sub-committees. It was also noted that funding for future membership might be difficult – given that the IECPCP funding had ended. In addition, there was a need expressed by some for more representation from other stakeholder groups above and beyond the current academic base. Furthermore, it was pointed out by several interviewees, some who were newer CIHC members, that they wanted to be more involved in CIHC but did not necessarily know how to do enact this. As one individual stated:

> *"I wish I was more involved. I would like to be more involved, but I'm not sure how to do that." (Interviewee 1)*

The three sub-committees have been working on a number of projects in the past year. The following provides an overview of these projects and activities.

### *Partnerships & knowledge exchange*

This sub-committee has worked on a knowledge exchange strategy and has engaged in further developing its liaison with the secretariat to effectively conduct knowledge exchange activities. They have also created new working groups, including the library working group that is involved in working on the functionality and structure of the e-library and a working group on authorship which is responsible for developing CIHC guidelines in this area.

### *Research & evaluation*

In the past year, this sub-committee has focused on the creation of a strategic plan for research and evaluation and has continued its work on the inventory of IECPCP project tools and resources to provide further insight into recommendations and leading practices. It has also been engaged in networking activities to support multi-site research and in identifying priority research areas. This committee has also been working on developing a network of researchers and mentors for graduate students interested in the interprofessional field.

### *Curricula*

A major project for this sub-committee has been the development of a national interprofessional competency framework for Health Canada. A literature review was completed and the next stage is to delineate the particular expectations and competencies. The sub-committee has recently identified as a priority the need to expand their focus from undergraduate students to practicing professionals. They are thus currently developing a plan for engaging with hospitals, public health, and professional associations to effectively support curricula initiatives in the practice environment.

### *Secretariat*

The secretariat continued to be regarded as key to the successful pursuing CIHC's goals. The following data extract reflects respondents' respect for and appreciation of the secretariat's work and commitment:

> *"I think that the work of the secretariat has been incredible. And for a very relatively small investment we have gotten a lot of movement and development across the country." (Interviewee 11)*

Respondents also pointed out that the secretariat often provided motivation for members to be involved and contribute to CIHC and its growth.

## *CIHC members*

CIHC's effort to recruit new members has been highly successful. In 2006 it had an initial 26 members; in April 2009 it had over 1,000 members. The CIHC has used a range of recruitment strategies, including invitations to individuals and automatic membership to people involved in related organizations. Initially members were largely recruited through the Health Canada funded IECPCP projects, and similarly, individuals involved in organizations such as the Ontario Collaborative have also been included as members.

The CIHC is continuously networking and extending invitations for membership, including invitations to national organizations whose missions and activities complement with those of CIHC and individuals who have made inquiries through the website. There continues to be no cost to join CIHC, and the membership application form created in April 2008 is available on the website. The growing membership and the fact that members represent a range of work settings and provinces can be seen as a key indicator of success in building capacity over the past three years.

## *Organization – three year comparison*

Over the past three years, the secretariat and steering committee continue to be highly regarded, as the leaders and champions of the CIHC. The sub-committees have continued to evolve during this time. Their collective expertise has developed over the past three years, and as a result they are regarded as a central component of the CIHC's work. Given the need to work with people from across the country, and to communicate most frequently by electronic means, it is a challenge to engage a diverse group of people and sustain that engagement. There is a desire by steering committee and sub-committee members to continue to be involved. Therefore the future challenge is to identify strategies that draw upon members' expertise while maintaining effectiveness within these groups.

# SECTION 3: COMMUNICATION

The CIHC continues to employ a variety of communication mechanisms to share information and achieve its knowledge exchange and translation goals. The key communication mechanisms are: its website, newsletters, conferences and workshops, and its new e-library – each are discussed below.

## *Website*

The CIHC's main communication mechanism continues to be its website (www.cihc.ca). The secretariat updates information on the site, and adds new links and downloadable documents. The website contains a significant amount of information, including documents created by CIHC and its sub-committees, a listing of CIHC and related projects, news, upcoming events, knowledge exchange resources. As shown in Table 3, most respondents (140, 70%) access the website 1-5 times per month.

### Table 3: Frequency of accessing CIHC website

| How often do you access the CIHC website? | Frequency |
|---|---|
| 1-5 times per month | 140 |
| 0 times per month | 48 |
| 6-10 times per month | 9 |
| 11-15 times per month | 2 |
| 15+ times per month | 0 |

Respondents were asked how successful they were in finding information on the website. As indicated in Table 4, most people were generally been successful in finding the information they were seeking.

### Table 4: Information searched for on the CIHC website

| Information | Successful | Not successful | Not searched |
|---|---|---|---|
| About CIHC | 72% (141) | 1% (2) | 27% (53) |
| About upcoming events (e.g. conferences, programs) | 66% (128) | 2% (3) | 33% (84) |
| About educational resources | 51% (97) | 9% (17) | 40% (77) |
| About research | 47% (89) | 5% (10) | 48% (92) |
| About sub-committee reports | 32% (59) | 3% (6) | 65 % (122) |

In addition, respondents were asked if they ever abandoned a search on the website because they found it too complicated. The vast majority, (159, 80%) stated they had never encountered this problem, while (40, 20%) did state that they had stopped a search.

Survey respondents were asked about their usage of the website over the past year. The majority (109, 55%) stated that their usage had not changed, whereas (73, 37%) stated that they

used the website more often and (17, 9%) stated that they used it less often. Reasons for change in website usage varied. An increase was attributed to members' need to access more information, an increased interest, and new features (e.g. the e-library); a decrease was attributed to lack of time, less involvement in CIHC committees, and change in work position. Respondents did point out that they often would direct others (e.g. students, colleagues) new to the interprofessional field to the CIHC website:

> *"When people ask me […] if they're just getting into interprofessional education, so they haven't really had a lot of experience. If they ask me questions I always send them there [to the CIHC website] because that's the place that's got the information that they're going to need." (Interviewee 2)*

Those who reported difficulties searching the website suggested an improved internal search engine, as well as a website structure that would allow the user to see the how deep into the website they have gone, so that they could easily click back to the originating page. Several changes to the CIHC website are planned for the near future including a new design and a new internal system that will facilitate website updates.

### *E-Library*

A major CIHC project last year has been the development of its e-library, located on its website. Data from the previous two evaluation reports indicated that members wanted the CIHC to be the provider of interprofessional resources and saw value in having a single national site that contained a range of materials.

The e-library had not yet been officially launched at the time of data collection. It was therefore unsurprising that most e-survey respondents (122, 62%) were not aware of it, although 179 (91%) said that they would use the e-library in the future. Of the 74 (38%) respondents who were aware of the e-library, 20 (10%) reported having accessed it. While these individuals saw the e-library as having some potential in their work, many thought it could be improved with a more "user friendly" interface and a better search mechanism:

> *"The search needs to be more user friendly […] the projects are not showcased as they should be and it is hard to find what you are really searching for without giving up." (Survey respondent)*

The development of the e-library is a large undertaking which requires a willingness to share information and resources. Some thought given the academic base of the CIHC the ability to share materials (especially for the repository section) might be problematic:

> *"People need to be more aware of the repository and people have to be more willing to share their stuff [...] people, you can shake them up and down, and they don't want to share. And that's an academic tradition that we developed it and it has our name on it. So the e-library really relies on people willing to share their resources and unfortunately I don't know if that's going to happen." (Interviewee 15)*

Respondents went on to outline the type of information that they did want to find in the e-library. This included – research evidence and publications, resources and tools relevant to members' particular work contexts, examples of success stories and best practices, curricula, and evaluation methods and instruments.

### *Newsletter*

CIHC newsletters are distributed by e-mail to members on a quarterly basis. As noted in previous evaluation reports, the newsletters feature a range of content – articles, member profiles, information about projects and activities, and reminders of upcoming events. Most respondents reported that they enjoyed reading the newsletters. They also noted that the newsletters provided them with a connection to the CIHC and the wider interprofessional community. A number of respondents pointed out that they did not have enough time to fully read the newsletter, but still valued it. Several stated that they use the newsletters in their work:

> *"I find them [newsletters] quite useful in giving one a sense of things that are going on in other parts of the country […] it's certainly good to have that on a regular basis as a kind of keep you up-to-date." (Interviewee 6)*

When asked about what type of information would be most relevant to read in the newsletter, respondents stated:

- Tips for professionals and students (best practices, professional materials)
- Research findings (new papers published, success stories)
- Events (conferences, meetings, training, opportunities for collaboration)
- Job opportunities
- Funding opportunities
- Updates (national and international)
- CIHC information (projects, challenges, goals).

## *Conferences and workshops*

The CIHC has been involved in planning and implementing numerous events, conferences, and workshops over the past year. For example, it was an active partner in the Altogether Better Health Conference (Sweden, June 2008) and is a key sponsor of the Collaborating Across Borders (Halifax, May 2009). Table 5 provides information about the number of respondents who participated in a CIHC sponsored or managed event:

### Table 5: CIHC events attended

| CIHC Events | Participation |
|---|---|
| Collaborating Across Borders (May 20-22, 2009) Halifax, NS | 53 (31%) |
| CHSRF Teamwork Workshop (December 2 & 3, 2008) Toronto, ON | 15 (9%) |
| Canadian Conference on Medical Education (May 2-6, 2009), Edmonton AB | 13 (8%) |
| The 5th Annual National Interprofessional Healthcare Conference, National Health Sciences Students' Association (March 20-22, 2009) Kingston, ON | 12 (7%) |
| CIHC Collaborative Change Forum, (February 26-27, 2009) Ottawa, ON (by invitation only) | 7 (4%) |

Ninety-eight (58%) respondents reported that they have not attended/are not planning on attending any events. In addition, most of the interviewees stated that they enjoyed these events and found them very informative. However, a small number suggested that CIHC meetings could be more inclusive (not only by invitation), better advertised and less expensive.

As well as organizing meetings and conferences, a number of respondents pointed that the CIHC might also participate in other continuing education activities such as teleconferences, web and video based seminars – to increase opportunities for member involvement.

## *Communication – three year comparison*

The CIHC website is a central hub of communication exchange. It has been modified over the past few years, in response to members' needs, and strengthened. The CIHC has supported a number of national meetings/conferences during the past three years. Members who have attended have been very appreciative of this support and the important knowledge sharing and networking that usually occurs at these events. During the second year, CIHC organized regional meetings, and in the third year, has supported workshops and events that have been strategically marketed to particular individuals and groups, recognizing the need to focus on particular initiatives (e.g. teamwork). In addition, the newsletter is a constant 'reminder' in members' inboxes about CIHC and has played an important role in raising awareness of the organization and sharing information amongst its members.

# SECTION 4: ENGAGEMENT WITH STAKEHOLDERS AND PARTNERS

In its initial proposal, CIHC outlined a range of 'receptor communities' or 'stakeholder' groups that it aimed to target in their work given that changes in interprofessional practice require a complex set of changes across various organizational and professional contexts. During its first three years of development, the focus has evolved to one of PARTNERSHIPS and KNOWLEDGE EXCHANGE rather than viewing these groups as 'targets' of change.

Survey respondents were asked to rate the degree to which they feel that the CIHC is working together with or addressing the needs of the stakeholders – see Table 6 (which presents a scale from 1 'not effective' to 5 'very effective'). As the responses indicate, while some gains have been made with educators and researchers, most respondents are unsure about effective engagement with a range of other stakeholders.

**Table 6: Degree to which the CIHC is addressing the needs of the various stakeholders**

| Stakeholder group | 1 | 2 | 3 | 4 | 5 | Unsure |
|---|---|---|---|---|---|---|
| Educators | 3 (2%) | 13 (8%) | 24 (14%) | 54 (31%) | 40 (33%) | 39 (23%) |
| Practitioners | 10 (6%) | 31 (18%) | 45 (26%) | 28 (16%) | 8 (5%) | 50 (29%) |
| Federal government | 4 (2%) | 11 (6%) | 24 (14%) | 48 (28%) | 16 (9%) | 69 (40%) |
| Provincial/territories government | 8 (5%) | 17 (10%) | 31 (18%) | 32 (19%) | 12 (7%) | 72 (42%) |
| Regulatory bodies | 8 (5%) | 24 (14%) | 37 (22%) | 20 (12%) | 6 (4%) | 75 (44%) |
| Researchers | 3 (2%) | 12 (7%) | 29 (17%) | 63 (37%) | 22 (13%) | 43 (25%) |
| Patients | 33 (19%) | 29 (17%) | 19 (11%) | 12 (7%) | 6 (4%) | 72 (42%) |
| Students | 7 (4%) | 17 (10%) | 28 (17%) | 41 (24%) | 22 (13%) | 54 (32%) |
| Non-governmental organizations | 9 (5%) | 22 (13%) | 27 (16%) | 13 (8%) | 4 (2%) | 95 (56%) |
| Regional Health Authorities | 6 (4%) | 25 (15%) | 27 (16%) | 30 (18%) | 5 (3%) | 79 (46%) |
| Hospitals | 11 (7%) | 21 (13%) | 35 (21%) | 25 (15%) | 4 (2%) | 71 (43%) |

The amount of responses in the 'unsure' column may also indicate that this is a difficult question to answer as respondents may not be aware of the range of CIHC activities that have been undertaken with stakeholders across the country. The interviews did help provide additional insight into where stakeholder partnerships were developing:

> *"I think we have certainly done a good job connecting with many of the national stakeholders […] There is always more work to do but we have certainly got a start. I think in terms of regionally, in the Western provinces […] there has been great work done to connect with the policy stakeholders via this relationship that we have with the Western Northern HHR Forum. I think Ontario has done amazing." (Interviewee 11)*

Nevertheless, these findings do suggest that further work is required in relation to engaging with more CIHC stakeholders. They also suggest that there needs to be better dissemination of on-going stakeholder partnerships to CIHC members. Furthermore, it was noted that a change in CIHC priorities (which resulted in a need to engage with a broader number of partner groups) could provide another explanation for the findings in Table 5. As the following extract indicates:

> *"When it [CIHC] was initially conceived and implemented, the focus was on the interprofessional education side and over the years [the funder] has asked it to expand to include the collaborative practice side [...] CIHC knows that that's where it needs to put more emphasis on and I think it's successful in its recognition that that's where it needs to now focus on and create stronger links with more stakeholders." (Interview participant 9)*

## *Partnerships and knowledge exchange*

As indicated above, CIHC aims to support the development of partnerships to further the field and practice of interprofessional education and collaborative practice, and also given the aim to share resources and knowledge within regions and nationally. Tables 7, 8 and 9 report information concerning current partnership types, the focus of partnerships, and their level (e.g. local, regional, national).

### Table 7: Type of partners

| Type of Partner | Number |
|---|---|
| University | 50 (82%) |
| Hospital | 34 (56%) |
| Government | 25 (41%) |
| College | 23 (38%) |
| Community health care service | 17 (28%) |
| Professional association | 15 (25%) |
| Other (e.g. multiple partnerships, and individual researchers in other universities) | 12 (20%) |

As Table 7 indicates, the highest percentage of partnerships were formed with universities (82%), followed by hospitals (56%), and government (41%), although importantly, there was a variety of types of partners, including also colleges, community health care services, and professional associations.

### Table 8: Focus of partnerships developed

| Partnership focus | Number |
|---|---|
| Research | 38 (63%) |
| Undergraduate student education | 39 (64%) |
| Continuing education | 22 (36%) |
| Healthcare services | 16 (26%) |
| Postgraduate student education | 13 (21%) |
| Policymaking | 13 (21%) |
| Healthcare management | 12 (20%) |
| Other | 3 (5%) |

Table 8 reveals that the focus of most partnerships is upon research (63%) and undergraduate education (64%), although, once again, there is variety in focus, including the areas of continuing education, health care service, postgraduate student education, policymaking and healthcare management.

### Table 9: Level of partnerships

| Partnership level | Number |
|---|---|
| Local partners(within 25km) | 52 (72%) |
| Provincial partners | 39 (54%) |
| National partners | 29 (40%) |
| International partners | 3 (4%) |

Most partnerships, as Table 9 indicates, occurred with local partners (defined as located within 25km) or provincial partners, with a smaller number occurring nationally. Interview data provide further evidence of the CIHC's role in partnerships:

> *"It [the CIHC] gave me a wider perspective of what was going on in the country, which I think was very helpful at the time […] the connections that I've been able to make across the country". (Interview participant 2)*

> *"I think in terms of making connections with other people doing research in the area. […] this is a very important area of research to me. So, I think it's done a really good job at doing that." (Interview participant 1)*

A number of interviewees discussed the Western Collaborative as a successful and effective group:

> *"For me, it impacts in a way that isn't centrally connected to, but is because of the momentum of CIHC. So, again if I go back to my comment that I wouldn't count myself as a central member, in terms of saying, yes I would say that I belong to the network, but centrally, am I doing a lot of work that is impacting on the*

*national level? No not yet. But, what I think has really happened is the decentralized kind of work in BC, now with the Western collaborative, with looking at the accreditation standards of IPE, and so on and so forth, if you were asking me to look down the horizon line, I would see how all of those things would then come because of CIHC and then come to CIHC." (Interview participant 5)*

### *Engagement with stakeholder and partners – three year comparison*

Consistently through the three evaluation reports, respondents have noted the benefit of CIHC in creating a network of stakeholders and partners for knowledge generation and exchange. As these reports indicate, while there continues to be some uncertainty in relation to its work with stakeholders, the CIHC is playing an important role in supporting partnerships locally, provincially and nationally. These findings are encouraging as they reflect that people are working together, which is likely to be more effective in terms of resources and outcomes. The findings also show that much of the emphasis of CIHC and its work in relation to its partner groups is focused on research and education. This is clearly an important focus, but respondents have noted the need to invest further in practice and policy contexts. CIHC is aware of this need, and further work is required to strategize and work towards addressing these identified areas.

# SECTION 5: GOALS AND OUTCOMES

Table 10 (presented on a scale from 1 'not met project goal' to 5 'fully met project goal') provides respondents' views about the degree to which they think the CIHC is working towards or has met its goals.

## Table 10: Degree to which the CIHC is working towards/has met project goals

| CIHC project goals | 1 | 2 | 3 | 4 | 5 | N/A |
|---|---|---|---|---|---|---|
| Demonstrate and promote the benefits of IPE and collaborative care. | 5 (3%) | 12 (7%) | 32 (19%) | 83 (48%) | 18 (10%) | 22 (13%) |
| Foster strategic and innovative partnerships that enable IPC in education, research, and practice. | 6 (3%) | 17 (10%) | 30 (17%) | 66 (39%) | 24 (14%) | 29 (17%) |
| Facilitate knowledge exchange through networking and sharing approaches to IPE and collaborative care. | 6 (3%) | 17 (10%) | 25 (14%) | 75 (44%) | 25 (14%) | 25 (14%) |
| Articulate, advance, and advocate a research agenda for IPE and collaborative care. | 4 (2%) | 18 (11%) | 38 (22%) | 58 (34%) | 23 (13%) | 30 (18%) |
| Develop support for leadership in IPE and collaborative care. | 4 (2%) | 20 (12%) | 43 (25%) | 59 (35%) | 14 (8%) | 31 (18%) |
| Build the CIHC and model IPC approaches within & among organizations & sectors. | 6 (4%) | 16 (9%) | 31 (18%) | 65 (39%) | 22 (13%) | 30 (18%) |

Table 11 (presented on a scale from 1 'no impact' to 5 'high impact') provides respondents' views about the impact of the CIHC in relation to its main areas of activity.

## Table 11: Perceived impact of CIHC

| Area of activity | 1 | 2 | 3 | 4 | 5 | Do not know | N/A |
|---|---|---|---|---|---|---|---|
| IPE, IPC Knowledge | 4 (2%) | 12 (7%) | 22 (13%) | 64 (37%) | 38 (22%) | 28 (16%) | 5 (3%) |
| Knowledge Exchange | 4 (2%) | 9 (5%) | 35 (21%) | 61 (36%) | 27 (16%) | 29 (17%) | 5 (3%) |
| Research | 5 (3%) | 11 (6%) | 33 (19%) | 65 (38%) | 21 (12%) | 28 (16%) | 9 (5%) |
| Education | 8 (5%) | 13 (8%) | 44 (26%) | 53 (31%) | 16 (9%) | 33 (19%) | 5 (3%) |
| Policy | 10 (6%) | 18 (11%) | 46 (27%) | 35 (21%) | 11 (7%) | 37 (22%) | 14 (8%) |
| Service Delivery | 12 (7%) | 20 (12%) | 58 (34%) | 32 (19%) | 7 (4%) | 37 (22%) | 5 (3%) |

As Table 10 indicates, the majority of respondents felt that CIHC has been effective in nearing meeting all its project goals. Similarly, Table 11 suggests that the CIHC has had success in terms of perceived impact, especially in relation to the generation of IPE and IPC knowledge, knowledge exchange and research activities. The interviewees offered mixed opinions about the impact that CIHC has had on research. Some felt that CIHC has played an important role in moving the field of interprofessional education and collaborative practice, as the following quote demonstrates:

> *"I think it's [the CIHC] very much raised the bar and I would say that talking to people at the conference that we just had, several people said to me that they really felt that we've come a long way in raising the level of scholarship, just within our own area. Since we met in November of 2007 that in fact we really are, we should be proud of what we're doing and we're actually on the right track and I felt that was very positive […] and that was from somebody who interprofessional education and practice is their mainstream, that's what they do all the time. So, I think when you hear that from people like that, then you know that you probably really are on the right track. (Interviewee 2)*

On the other hand, there were some respondents who felt that CIHC members were not sufficiently sharing and collaborating with each other, and that further effort was required:

> *"I don't necessarily see that sharing happening. I see people sort of, I don't know how to say it. I don't see the collaboration happening as much that way, or the acknowledgment sometimes happening in the way that I think is appropriate." (Interviewee 1)*

Interviewees acknowledged the complexity of affecting change at the policy level, and felt that CIHC has succeeded in raising awareness. Indeed, it was on the path to having an impact in this area:

> *"Policy making, I think we're still at an early stage on that. I think as we build partnerships based on the knowledge exchange process, we will be able to more influence that policy making part. On the other hand I would say that CIHC has had in some areas an influence in raising the profile of IPE to make it more of a national issue within health care." (Interviewee 6)*

> *"One clear example is the standards for Interprofessional Education that are being developed. It's huge. […] I think Health Canada commissioned this project, but it is accreditation of Interprofessional Health Education. […] That's had huge policy impact. That sort of comes to my mind at a national level." (Interviewee 11)*

Interviewees were more uncertain about the impact of CIHC on healthcare delivery and acknowledged that there was an understanding amongst CIHC leadership of the need to develop a greater focus on collaborative practice:

> *Why would we do this if it doesn't trickle down to health care and patient outcomes at the end of the day? Like that's still a big gap that we have and we have to make sure we have better linkages. But if I look at CIHC, it has been very, very academically focused in the first couple of years. And I think they have taken some criticism for that. So their efforts now to really make it more targeted to practice organizations, I think that's a really good approach and it's really needed. Because I don't think we really have had the impact yet in practice organizations. (Interviewee 12)*

## *Goals and impacts – three year comparison*

In the first evaluation report, the majority of respondents noted that CIHC was beginning to achieve its goals and therefore have an impact. As indicated in this report, respondents felt that the CIHC is achieving several of its goals and increasing its impact in the health arena. The complexity of these goals and the challenges of measuring impact do however complicate this area.

## SECTION 6: SUSTAINABILITY

CIHC has been supported by Health Canada, and has recently submitted proposals to Health Canada to request continued funding. The main concern raised by respondents was in relation to the sustainability and future funding of CIHC, as demonstrated through the following quotes:

> *"I think the biggest thing is sustainability. I really do. I think that we've really looked at that a lot. There is no question that the Health Canada funding has helped us keep the secretariat going. That has enabled us to keep the work going. I think that the question is that given the current economic climate, if we don't have any continued funding to support the secretariat then we're looking at a very different scenario." (Interviewee 11)*

> *"I mean I hate to say but, yeah, there's no money, if Health Canada doesn't come up with the money. We've had discussions about it but how do you make something like this sustainable? [...] if they don't get funded, I think there will be terrible things that will happen because there's no hub of communication. There's no coordination, no communication mechanism across the country, and we will then become very isolated and then we will no longer benefit from what we learned from one another. So it will be just a travesty if they don't continue to get funding. And how you make it sustainable, I don't have the expertise." (Interview participant 15)*

Respondents were largely unaware of a sustainability plan and recognized the challenges of securing funding. Few supported the idea of introducing a membership fee. Rather they felt that sustainability required a need to form new relationship with other organizations as a way fostering new partnerships and gaining financial support. Planning for this transition was seen as vital:

> *"I think we have benefited from great leadership. We have benefited from the Health Canada funding that really has helped to start up this organization. So I just hope that we'll manage to somehow sustain it over the next couple of years and people will have the energy to continue. I mean that's the other thing. I think we need to slowly think about transition and getting other leaders involved as well. Because I think the whole steering committee, for the most part, we've been from the beginning. So sooner or later I guess people will want to leave and take on other responsibilities. So how do we plan for that transition, get people in and making sure we're not losing the vision we had in the beginning?" (Interview participant 12)*

> *"I think it's about partners and finding people who think that the kinds of products, the kind of work we are doing actually is aligned with the kinds of objectives that they need to meet." (Interview participant 13)*

### *Sustainability – three year comparison*

Not surprisingly, sustainability has been a focus of discussion throughout the three stages of evaluation. While there is a STRONG desire for CIHC to continue its important work, respondents remain unclear how the CIHC can be successfully sustained once current funding ceases. This issue continues therefore to be a challenge.

## SECTION 7: RESPONDENT REFLECTIONS

Respondents were asked to reflect on the main benefits and concerns in relation to the CIHC. Below is a summary of most commonly reported responses.

The most frequently reported BENEFITS of the CIHC were:

- Knowledge of interprofessional education and collaborative practice
- Networking opportunities between a wide range of different members
- Learning about activities being undertaken by other groups and organizations
- Attendance at CIHC events (e.g. conferences, workshops)
- CIHC communication and knowledge resources, in particular its website and newsletter
- Contributing to CIHC and being involved in increasing awareness of interprofessional education and collaborative practice.

The following quotes reflect these positive elements of CIHC:

> *"I'm impressed by the energy and the enthusiasm of the people that I have met who are connected to CIHC." (Interviewee 14)*

> *"I've made lots of good connections and just I guess it's the nature of the work, this collaborative sense that runs through the CIHC. It's really refreshing to have that you know wanting to help each other kind of idea." (Interviewee 16)*

> *"The way that CIHC has been helpful to me has been around feeling like I have a support network." (Interviewee 1)*

The most frequently reported CONCERNS were:

- Long term funding and sustainability of CIHC
- Limited representation of the various stakeholders with CIHC
- Difficulty attending CIHC meetings and events
- Communication difficulties (e.g. lack of communication between sub-committees and CIHC members)
- Effective inclusion of new members into the CIHC and its sub-committees
- Technical difficulties accessing and navigating the e-library and CIHC website
- Time required for changes in interprofessional education and collaborative practice to occur.

### *Respondent reflection – three year comparison*

These reflections provide a useful additional insight into respondents' current perceptions of benefits and concerns related to the CIHC. Comparatively, they outlined a number of relative stable issues such as appreciation of networking opportunities, lack of time to engage in CIHC activities and concern around the long term viability of the CIHC.

# Conclusions

CIHC has made some impressive gains in its third year of operation. The membership of CIHC continues to grow, as it currently has over one thousand members, representing a range of settings, work areas (e.g. research, education, management, government) and provinces across Canada. This growing network underlies the objective to increase awareness of the field of interprofessional education and collaborative practice, knowledge sharing and formation of partnerships. The steering committee and sub-committees continue to provide effective leadership as they work towards achieving their stated objectives. Over the past year the CIHC have been engaged in a range of initiatives, including the development of a knowledge exchange strategy, the e-library, a strategic plan for research and evaluation, and a national interprofessional competency framework. The secretariat continues to play a critical role in the progression and completion of this work.

The CIHC uses various strategies to support best practice identification and sharing and knowledge translation, including the continued enhancement of its website and a newly created e-library, the distribution of a newsletter, as well as the planning and sponsoring of meetings, workshops, and conferences. The CIHC recognizes the wide range of groups and organizations that must be included in promoting changes to support its goals, and is attempting to foster partnerships locally, regionally and nationally. Much of the focus has been in research and education, and while some activity has occurred in the practice and policy arenas. Respondents valued the CIHC for enhancing awareness and knowledge of interprofessional education and collaborative practice, its involvement of initiatives occurring across the country, its support of networking opportunities and its communication resources (e.g. conferences, website). Respondents also felt that the CIHC website was an impressive hub for a range of salient interprofessional information, though some are not necessarily aware of what was available to them. The findings also revealed that while there was a desire to increase CIHC membership, current members did do not necessarily feel connected. Respondents also expressed some concerns about attendance at meetings and events due to lack of time as well as a desire for more communication about the CIHC and its activities; though their greatest concern was focused on the long term sustainability of the CIHC. Change in interprofessional education and collaborative practice is complex and takes time. Nevertheless, the findings presented above indicate that the CIHC is having an increasing impact in the interprofessional field.

## THREE YEAR COMPARISON

The annual collection of evaluation data over the three years since the inception of the CIHC enables the following reflection on its progression as an organization:

- The steering committee and sub-committees continue to lead and guide the activities, although there has been consistent feedback about the need to continue to work on improving representation from the various groups connected to interprofessional education and collaborative practice.
- Membership has also grown over the years. This number indicates a growing number of individuals who receive newsletters and updates, and information about events from

CIHC, and thus are more knowledgeable and aware of the interprofessional field and practice issues.

- There is some uncertainty about what membership means given that there are members who want to be more involved but do not know how to do so, and therefore perhaps more attention is required in defining membership in sub-committees as well as the steering committee (e.g. guidelines in terms of representation, duration of membership).
- The CIHC strives to be a national organization, and therefore is working with people from across Canada to promote a national approach to the interprofessional field. It has invested significant resources into its communication and knowledge exchange strategy and in face-to-face meetings. The e-library has been developed in response to feedback about the need for a central resource, and while it is in its early stages of development and implementation, it has the potential be of immense value.

# Implications

Based on the conclusions presented above, the following implications are offered for possible future directions of the CIHC:

- To date the CIHC has undertaken a range of activities collating and synthesizing information regarding interprofessional education and collaborative practice. It is on the verge of making significant steps forward in the areas of the curriculum, research and evaluation, and knowledge exchange. This work needs to continue.
- The CIHC has implemented an impressive number of communications mechanisms through the development of its website, newsletter and the new e-library. This work should continue, as it plays a key role in sharing knowledge and resources across the country.
- Further work is required to explicitly outline how practice and policy areas will be addressed and incorporated into the mainstream of the CIHC.
- Additional effort is required to ensure broader representation of practitioners and policy makers on the steering committee and the three sub-committees.
- While the CIHC has been effective in its communications (e.g. website, workshops), further attention is needed to highlight CIHC objectives and activities. A strategy highlighting the activities and resources that are relevant to each of its partner groups would be valuable.
- The long-term viability of the CIHC remains unclear. Further work is needed to address this major issue.